

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMITTEE TO ELECT DON VOLARIC**A.**Full Name (Last, First, Middle Initial)  
DONALD CECIL VOLARIC

Mailing Address 29244 RACHID COURT

City	State	Zip Code
CHESTERFIELD	MI	48047

FEC ID number of contributing  
federal political committee.**C** H0MI12127Name of Employer  
FREEDOM HEALTHINSURANCE  
AGENCYOccupation  
OWNER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 11275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period

405.00

**B.**Full Name (Last, First, Middle Initial)  
DONALD CECIL VOLARIC

Mailing Address 29244 RACHID COURT

City	State	Zip Code
CHESTERFIELD	MI	48047

FEC ID number of contributing  
federal political committee.**C** H0MI12127Name of Employer  
FREEDOM HEALTHINSURANCE  
AGENCYOccupation  
OWNER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 11375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Transaction ID: SA11AI.5077

Amount of Each Receipt this Period

100.00

**C.**Full Name (Last, First, Middle Initial)  
DONALD CECIL VOLARIC

Mailing Address 29244 RACHID COURT

City	State	Zip Code
CHESTERFIELD	MI	48047

FEC ID number of contributing  
federal political committee.**C** H0MI12127Name of Employer  
FREEDOM HEALTHINSURANCE  
AGENCYOccupation  
OWNER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 11575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....

9930.00